

CLAIMS ONLY

Application Number

10/671,773

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total | 2 | | | | | |
| Indep | 2 | | | | | |
| Total | 20 | | | | | |
| Depend. | 20 | | | | | |
| Total | 22 | | | | | |
| Claims | 22 | | | | | |

* May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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